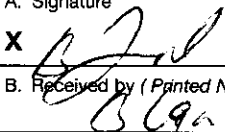


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span>X </span> <span><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p>	
<p>1. Article Addressed to:</p> <p>Diondre Watkins  # 266-662  L.C.I.  P.O. Box 56  Lebanon, OH. 45036</p>		<p>B. Received by (Printed Name) <span style="margin-left: 50px;">C. Date of Delivery</span>  <span style="margin-left: 100px;">86901</span> <span style="margin-left: 100px;">9-30-03</span></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7002 0860 0006 5229 4407</p>	